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Malignancies in Pregnancy - Multiple Choice Questions for Vol. 33

1. The following is/are true regarding the occurrence of adnexal masses in pregnancy
   a) The incidence of adnexal masses in pregnancy is 3-5%
   b) The incidence of ovarian cancers in pregnancy is between 1:12,000 – 1:32,000
   c) The most common type of benign ovarian cyst in pregnancy is a mature teratoma.
   d) The most common histopathological subtype for malignant ovarian tumor in pregnancy is epithelial ovarian tumor.
   e) The most common histopathological subtype for malignant ovarian tumor in pregnancy is epithelial ovarian tumor.
   f) The resolution rate of adnexal masses in the second trimester of pregnancy is 60-70%.

2. The following is/are true regarding the presentation and imaging of an ovarian cyst during pregnancy.
   a) The most common mode of presentation of an adnexal mass is pain
   b) The sensitivity of detection of ovarian cysts on clinical examination alone is less than 5%.
   c) The size of ovarian cyst that should prompt investigation for malignancy is 10 cm
   d) The validated sensitivity and specificity of IOTA rules on USS evaluation of an ovarian cyst is sensitivity: 78%, specificity: 87%
   e) The sensitivity and specificity of MRI in the diagnosis of a malignancy is 100 and 94% respectively

3. The following is/are pertinent to surgery in patients with persisting adnexal masses?
   a) If required, surgery should ideally be scheduled beyond 24 weeks
   b) A laparoscopic surgical approach should be adopted in patients with a persisting adnexal mass in pregnancy
   c) Poor fetal outcome with surgery is seen beyond 36 weeks
   d) Hypertension is a common adverse effect noted with the use of laparoscopy in pregnancy
   e) For micro-papillary histopathological subtype of borderline ovarian tumors a completion staging should be considered

4. The following points is/are true regarding patients receiving chemotherapy for ovarian cancer during pregnancy.
   a) In a patient with ovarian cancer in pregnancy receiving chemotherapy the delivery should be planned at completion of chemotherapy
   b) Chemotherapy use in pregnancy is generally considered safe beyond 20 weeks of gestation
   c) CNS and neural tube complications occur during the week 8-12 weeks in pregnancy
   d) This percentage of patients receiving chemotherapy in pregnancy who develop major congenital malformations is 30-40 %

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e) Cardiovascular defects are common congenital malformations in platin based chemotherapy regimens

5. Of the following laboratory values and tumor markers, which are significantly impacted by pregnancy?
   a) White blood cell count
   b) Alkaline phosphatase
   c) Ovarian cancer antigen 125 (CA-125)
   d) Human chorionic gonadotropin (HCG)
   e) Carcinoembryonic antigen (CEA)

6. The following statement(s) is/are true regarding diagnostic imaging performed during pregnancy:
   a) For any imaging modality, the principle of using it only when clinically indicated, for the shortest amount of time, and with the lowest level of energy compatible with an accurate diagnosis should be employed.
   b) Ionizing radiation can result in three harmful fetal effects: cell death (and related teratogenic consequences), carcinogenesis, and genetic effects or mutations in germ cells.
   c) The generally accepted safe range of ionizing radiation during pregnancy is less than 20 rad.
   d) The use of MRI with or without gadolinium is a safe imaging modality in pregnancy because it utilizes magnets rather than ionizing radiation and gadolinium has not been associated with adverse fetal effects.
   e) The fetal thyroid does not concentrate iodine until the third trimester, therefore radiopaque contrast agents can be safely used until that time.

7. The following statement(s) is/are true regarding chemotherapy during pregnancy?
   a) The “all or none” in fetal development refers to the third trimester just prior to delivery at which point chemotherapy should not be used.
   b) Combination chemotherapy is not associated with an increased risk of congenital anomalies when compared to single-agent chemotherapy.
   c) Exposure to chemotherapy in the second and third trimesters is associated with fetal growth restriction, preterm delivery, and intrauterine fetal demise, however, long-term complications have not been seen.
   d) Biologic agents such as monoclonal antibodies are small molecules that can cross the placenta at any point during pregnancy.
   e) Tyrosine kinase inhibitors are small molecule agents that can cross the placenta at any point during pregnancy and therefore should be avoided in the first trimester.

8. The following statement(s) regarding specific malignancies during pregnancy is/are true?
   a) Breast cancer in pregnancy is most often axillary lymph node-positive and presents with a larger primary tumor size than outside of pregnancy
   b) With a finding of CIN2-3, colposcopy should be performed monthly to evaluate for progression of disease
   c) The diagnosis of adnexal masses during pregnancy is a common occurrence and approximately 10% are found to be malignant
   d) Acute leukemia adversely impacts a concurrent pregnancy
   e) Melanoma is known to metastasize to both the placenta and the fetus

9. Which of the following is/are true about breaking bad news to cancer patients during pregnancy?
   a) Questions in relation to diagnosis should be answered in an open and non-defensive way.
   b) Family members should not be allowed to participate at the discussion